K10231-3 510(k) Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirement of SMDA and 21 CFR SEP 1.7 2010 807.92.

1.0 submitter's information

Name:

Andon Health Co., Ltd.

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Contact:

Liu Yi

Date of Application:

08/16/2010

2.0 Device information

Trade name:

KD-5913 Fully Automatic Electronic Blood Pressure

Monitor

Common name:

Noninvasive blood pressure measurement system

Classification name:

Noninvasive blood pressure measurement system

3.0 Classification

Production code: DXN- Noninvasive blood pressure measurement system.

Regulation number: 870.1130

Classification:

II

Panel:

Cardiovascular

4.0 Predict device information

Manufacturer:

Andon Health Co., Ltd.

Device:

KD-5917 Fully Automatic Electronic Blood Pressure

Monitor

510(k) number:

K091737

5.0 Device description

KD-5913 Fully Automatic Electronic Blood Pressure Monitor is for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The

cuff circumference is limited to 22cm-48cm.

It is designed and manufactured according to ANSI/AAMI SP10--manual, electronic or automated sphygmanometers.

The operational principle is based on oscillometric and silicon integrate pressure sensor technology. It can calculate the systolic and diastolic blood pressure, and display the result on the LCD. If any irregular heartbeat is detected, it can also be shown on the LCD. More over, it also has the function of averaging the last three measurements.

6.0 Intended use

KD-5913 Fully Automatic Electronic Blood Pressure Monitor is for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The cuff circumference is limited to 22cm-48cm.

The intended use and the indication for use of KD-5913, as described in its labeling are the same as the predict device KD-5917.

7.0 <u>Summary comparing technological characteristics with predicate device</u>

Technological Characteristics	Comparison result		
Design principle			
Appearance	Similar		
Patients contact Materials	Identical		
Performance	Similar		
Biocompatibility	Identical		
Mechanical safety	Identical		
Energy source	Identical		
Standards met	Identical		
Electrical safety	Identical		
EMC	Identical		
Function	Similar		

8.0 Performance summary

KD-5913 Fully Automatic Electronic Blood Pressure Monitor conforms to the following standards:

- IEC 60601-1, Medical Electrical Equipment Part 1: General Requirements for Safety, 1988; Amendment 1, 1991-11, Amendment 2, 1995.
- EN 60601-1-2, Medical Electrical Equipment Part 1-2: General Requirements for Safety Collateral standard: Electromagnetic Compatibility Requirements and Tests, 2007.
- AAMI SP10:2002, Manual, electronic or automated sphygmomanometers.
- AAMI / ANSI SP10:2002/A1:2003 --, Amendment 1 to ANSI/AAMI SP10:2002 Manual, electronic, or automated sphygmomanometers.
- AAMI / ANSI SP10:2002/A2:2006 --, Amendment 2 to ANSI/AAMI SP10:2002 Manual, electronic, or automated sphygmomanometers.

9.0 Comparison to the predict device and the conclusion

Our device KD-5913 Fully Automatic Electronic Blood Pressure Monitor is substantially equivalent to the Fully Automatic Electronic Blood Pressure Monitor KD-5917 whose 510(k) number is K091737.

The two devices are very similar in the intended use, the design principle, the material, the performance and the applicable standards. Only their appearance and some functions are different. Compared to KD-5917, the KD-5913 does not have the display of "Blood pressure classification", and the MCU is changed, either.

However, the test in this submission provides demonstration that these small differences do not raise any new questions of safety and effectiveness.







Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Andon Health Co., Ltd. c/o Mr. Liu Yi President No. 3 Jin Ping Street, Ya An Road, Nankai District Tianjin China 300190

SEP 1.7 2010

Re: K102353

Trade/Device Name: KD-5913 Fully Automated Electronic Blood Pressure Monitor

Regulatory Number: 21 CFR 870.1130

Regulation Name: Non-invasive Blood Pressure Measurement System

Regulatory Class: II (two) Product Code: DXN Dated: August 16, 2010 Received: August 19, 2010

Dear Mr. Yi:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Bram D./Zuckerman, M.D.

Director

Division of Cardiovascular Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Statement of Indications for Use

SEP 1 7 2010

510(k) Number: KLO 2357

Device name:

KD-5913 Fully Automatic Electronic Blood Pressure

Monitor

Indications for use:

KD-5913 Fully Automatic Electronic Blood Pressure Monitor is for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The cuff circumference is limited to 22cm-48cm.

Prescription use	AND/OR	Over	-The-Counter Use\	<u>YES</u>
Part 21 CFR 801 Subpart D)			(21 CFR 807 Subpart C)	
(PLEASE DO NOT WRITE ANOTHER PAGE IF NEEDED)	BELOW	THIS	LINE-COUNTINUE	ON
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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division/Sign-Off)

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Division of Cardiovascular Devices

510(k) Number (0235)